

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	DISEASE PREVENTION AND VACCINATION PRIOR TO THYMIC REACTIVATION
Attorney Docket Number::	NOR-020US1/286336.159US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	90
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Richard
Middle Name::	Lennox
Family Name::	BOYD
City of Residence::	Hampton
Country of Residence::	Australia
Street of mailing address::	60 Linacre Road

City of mailing address:: Hampton, Victoria
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 3188

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Gabrielle
Middle Name:: Lianne
Family Name:: Goldberg
City of Residence:: Brighton
Country of Residence:: Australia
Street of mailing address:: 10 Williamsby Avenue
City of mailing address:: Brighton, Victoria
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 3186

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Ann
Middle Name:: Patricia
Family Name:: CHIDGEY
City of Residence:: Black Rock
Country of Residence:: Australia
Street of mailing address:: 274 Beach Road
City of mailing address:: Black Rock, Victoria
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 3193

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Jayne
Middle Name:: Suzanne
Family Name:: SUTHERLAND
City of Residence:: Port Melbourne
Country of Residence:: Australia
Street of mailing address:: 172 Dow Street
City of mailing address:: Port Melbourne, Victoria
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 3207

Correspondence Information

Correspondence Customer Number:: 23483

Representative Information

Representative Customer Number:: 23483

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part of	10/748,450	12/30/2003
10/748,450	Continuation-in-Part of	10/418,747	4/18/2003
10/748,450	claims the benefit under 35 U.S.C.119(e)	60/527,001	12/5/2003
This Application	Continuation-in-Part of	10/749,122	12/30/2003
10/749,122	Continuation-in-Part of	10/418,727	4/18/2003
10/749,122	claims the benefit under 35 U.S.C.119(e)	60/527,001	12/5/2003
This Application	Continuation-in-Part of	10/749,118	12/30/2003
10/749,118	Continuation-in-Part of	10/418,066	4/18/2003
10/749,118	claims the benefit under 35 U.S.C.119(e)	60/527,001	12/5/2003
This Application	Continuation-in-part of	10/748,831	12/30/2003
10/748,831	Continuation-in-Part of	10/419,068	4/18/2003
10/748,831	claims the benefit under 35 U.S.C.119(e)	60/527,001	12/5/2003
This Application	claims the benefit under 35 U.S.C. 119(e)	60/527,001	12/5/2003

Foreign Priority Information

Country::	Application No.::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Norwood Immunology, Ltd.
Street of mailing address:: 63 Wells Road
City of mailing address:: Chelsea Heights
State or Province of mailing address:: Victoria
Postal or Zip Code of mailing address:: 3196
Country of mailing address:: Australia